

Name of Candidate: _____ Certification ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ACI Program for Recertification: _____

METHOD OF PAYMENT

Select one and provide all requested information. Checks must be in U.S. funds, drawn on a U.S. bank, and made payable to "ACI" for \$165.

Check Personal Check Cashier's Check

Check Number: _____

Credit Card VISA MasterCard AMEX

Card Number: _____ Expiration Date (MM/YY): _____ Security Code (CVV): _____

BILLING INFORMATION (If different than above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this form with the *Recertification Form* for the ACI program in which you are seeking recertification to:ACI Certification
ATTN: Exam Processing
38800 Country Club Drive
Farmington Hills, MI 48331**For more information, contact ACI Certification at:**Phone: (248) 848-3790
Fax: (248) 848-3793
Email: aci.certification@concrete.org
www.acicertification.org_____
Candidate Signature_____
Date